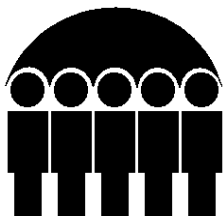


Revised August 24, 2007

Employees' Manual  
Title 17  
Chapter D(2)

CHILD WELFARE

**CASE MANAGEMENT  
PRACTICE GUIDANCE**



Iowa  
Department  
of  
Human Services

---

	<u>Page</u>
<b>Introduction.....</b>	<b>1</b>
Scope of Chapter .....	1
<b>Application Processing .....</b>	<b>2</b>
IV-A Application .....	2
Medicaid Application.....	2
<b>Family-Centered Services.....</b>	<b>3</b>
Reasonable Efforts .....	3
Purpose of Family-Centered Services .....	4
Referring Children and Families to a Provider .....	5
<b>Managing Service Delivery .....</b>	<b>6</b>
Managing Family-Centered Services .....	6
Coordination With Remedial Services Program .....	7
Coordination With Placement Setting .....	7
Coordination With Recruitment and Retention Contractor.....	8
Monitoring Service Activities.....	10
Monitoring Service Effectiveness .....	11
Transferring a Case.....	11
<b>Evaluating Case Closure .....</b>	<b>12</b>

## **Introduction**

Upon receiving a child protective assessment, CINA assessment, or juvenile court order on a child, the family's service needs are assessed, and a plan for meeting these needs is developed in collaboration with the family. This begins the "case management" phase.

Your tasks in the case management phase are to make sure that the planned services are authorized, delivered, and paid for and to monitor how well the services are meeting the family's identified needs. Changes in the family's needs or unexpected service outcomes may necessitate a return to the case-planning phase. This cycle is repeated until a permanency outcome is achieved for the child.

Desired outcomes of the case management phase are:

- Child safety
- Provision of the appropriate type, level, and intensity of services
- Family active participation
- Child and family well-being
- Permanency for the child

## **Scope of Chapter**

This chapter provides:

- ◆ Background information to support:
  - The policies in Chapter 17-D, which summarizes the laws, rules, and Department-required practice for the case management phase of a child welfare case.
  - The procedures in Chapter 17-D(1), which describes state procedures for carrying out the case management process for child welfare services.
- ◆ The clinical or programmatic rationale for the actions that are required during the case management phase of child welfare services.

Unless otherwise identified, links to "Policy" in this chapter refer to Chapter 17-D. Links to "Procedure" in this chapter refer to Chapter 17-D(1).

## **Application Processing**

Link to [Policy](#)

Link to [Procedure](#)

Completing the IV-A and Medicaid applications may increase federal funding for services provided to the child and family.

### **IV-A Application**

The Title IV-A emergency assistance program is designed to extend a menu of services to children who are victims or at risk of abuse or neglect, at risk of out-of-home placement, or in need of care or treatment. "Emergency assistance services" are defined as family-centered services, foster care, and protective day care services.

### **Medicaid Application**

Medicaid is a state program that pays for covered medical and health care costs of people who qualify. The Medicaid program is funded by federal and state governments and is managed by the Iowa Department of Human Services.

Many of the children served by the Department are eligible for Medicaid and other programs, such as the Family Investment Program for cash assistance and the Food Assistance program, and would benefit from participation in these programs. Therefore, Department service staff should work with staff of the Income Maintenance Unit to assist families in determining whether they meet eligibility requirements.

Medicaid eligibility helps offset state costs by allowing the state to draw matching federal dollars. If the income maintenance worker determines the child to be Medicaid eligible, the Medicaid "Care for Kids" program will pay for:

- ◆ Remedial services.
- ◆ Other mental health and substance abuse treatment services.
- ◆ Physical screening examinations provided by physicians and clinics.
- ◆ Diagnostic and treatment services recommended as a follow-up to the screening.

## **Family-Centered Services**

Link to [Policy](#)

Link to [Procedure](#)

Providing family-centered services is an important part of the Department's strategy to protect children from repeat maltreatment and make affirmative efforts to preserve families and prevent whenever possible the placement of children outside of their own homes.

### **Reasonable Efforts**

Federal and state child welfare statutes stress the necessity for state child welfare agencies to make reasonable efforts to:

- ◆ Prevent the placement of children outside their homes whenever possible.
- ◆ Work toward reunification of children with their families after out-of-home placement.
- ◆ Arrange and finalize a new permanent home for the child after reunification is no longer the goal.

Family-centered services provide a significant portion of Iowa's reasonable efforts service response system and play major roles in efforts to prevent placements and work toward reunification when placement has occurred. Carefully review and become familiar with the "[reasonable efforts](#)" definitions and requirements.

Federal policies preclude claiming federal funding for a child's stay in foster care unless a court has determined, within 10 days of the child's actual removal from the home, that:

- ◆ The state agency made reasonable efforts to prevent the placement; or
- ◆ Based on the facts of the case, reasonable efforts may be waived due to "aggravated circumstances."

The child's health and safety shall always be the most important consideration in assessment of the child and family and service planning and service delivery. States are not required to make reasonable efforts to keep children with their parents when doing so places a child's safety in jeopardy. A court may waive reasonable efforts requirements when the court determines that "[aggravated circumstances](#)" exist.

Aggravated circumstances include situations such as:

- ◆ Parental abandonment.
- ◆ Parental conviction of specific crimes against children.
- ◆ Termination of parental rights with respect to other children of the parents, either in Iowa or in another state.

### **Purpose of Family-Centered Services**

Both state and federal law recognize that services to help families remain intact are essential within our society. The Department is committed to family-centered services that recognize the wide variety of children's needs and ensure that whenever possible reasonable efforts are made to provide the least restrictive response for each child receiving assistance.

Family-centered services address the needs of children within the context of their families and promote individual and family self-sufficiency. Family-centered services assist to children and their families to:

- ◆ Prevent and alleviate child abuse, neglect, and delinquency.
- ◆ Prevent out-of-home placement of children.
- ◆ Provide support and service to children placed in kinship arrangements with nonparental relatives.
- ◆ Reunite families whose children have been placed outside the home and maintain reunification or other alternative planned permanent placements when children have returned home or been placed in a permanent setting.
- ◆ Provide specialized services (family team meeting facilitation, procurement card program, drug testing, and legal services for achieving permanency) not available under other funding sources.

Children are referred to the Department for family-centered services because of child abuse assessments and referrals from juvenile court. Services provided to children and their families will reflect:

- ◆ Their unique needs and the nature of their crisis situation;
- ◆ The behavior and needs of individual family members; and
- ◆ The potential for abuse, neglect, delinquency, or out-of-home placement.

The primary family-centered service intervention purchased by the Department is family safety, risk, and permanency services. This service is purchased for a wide variety of children and families to:

- ◆ Preserve the family and safely maintain children within their family home;
- ◆ Safety reunify children who have been removed from their homes; or
- ◆ Achieve alternative permanent family connections for children who cannot return home, such as an adoptive or guardianship placement.

With supervisory approval, children and families receiving family safety, risk, and permanency services may also be approved, if needed, for the following Department-funded child welfare services:

- ◆ Drug testing
- ◆ Family team meeting facilitation
- ◆ Legal services for achieving permanency
- ◆ Foster family care maintenance payments
- ◆ Shelter care payments
- ◆ Group foster care maintenance and service payments
- ◆ Protective child care assistance

### **Referring Children and Families to a Provider**

The Department uses the five family functioning domain areas (child behavior, family safety, family interactions, parental capabilities, and home environment) to provide a common lens through which to collect and analyze information concerning children and families in the child welfare system.

These family functioning domains are used to collect and present information both in the beginning of a case, in the assessment phase, and during the Department's ongoing child welfare case management life-of-the-case process.

When making referrals for family safety, risk, and permanency services, carefully consider the case information concerning child and family strengths and areas of concern within each of the family functioning domains. Use this information to:

- ◆ Identify the key family issues and concerns within the domains that are the foundations of why the Department is involved in the case.
- ◆ Identify issues and levels of improvement that must be reached before Department involvement can be terminated.

Communicate these key areas that require service intervention to contractor staff during the referral and case transition process. Discuss with the contractor's care coordinator any case historical information on:

- ◆ Prior services,
- ◆ Ideas on specific approaches that work most effectively with the family,
- ◆ Any current court action and court expectations if applicable, and
- ◆ Other significant case issues.

Let the contractor know that the family functioning domain areas will form the framework through which case progress will be evaluated as the case moves through the child welfare system, and that the contractor is expected to tailor their service interventions and supports to focus on the areas of needs and concerns identified in the domains.

## **Managing Service Delivery**

Link to [Policy](#)

Link to [Procedure](#)

### **Managing Family-Centered Services**

Respect the family's strengths, cultural context, and preferences in arranging service provisions.

Work to mobilize extended family and community informal support systems that may assist the child and family. Consider the potential for relative placement if the case moves to a situation where the child may need to be placed outside the home.

If Native American ancestry or tribal affiliation for the child and family is identified, follow up on information on these connections and carefully note this information in the case record. Incorporate these cultural connections into service planning for the child and family. Follow [ICWA requirements](#) if placement of a child with potential Native American ancestry is undertaken.



### **Coordination With Remedial Services Program**

It is very possible that children and families receiving family safety, risk, and permanency services will also be receiving remedial services program (RSP) services. The same or a different provider agency may deliver these services. Regardless of which agency is providing the RSP interventions, it will be important to:

- ◆ Discuss with the family the need to coordinate the RSP and child welfare services so it is clear which needs and issues each is focusing on;
- ◆ Have the family sign releases as needed so that service providers can communicate with each other to maximize service effectiveness;
- ◆ Ensure that any written progress concerning either service are available for review so that each provider can review summary info on case response to services; and
- ◆ Involve service providers in family team meetings to the greatest possible extent so that family service planning can be coordinated and comprehensive.

### **Coordination With Placement Setting**

Cases receiving family safety, risk, and permanency services will sometimes include children who are in out-of-home placements such as:

- ◆ Relative care,
- ◆ Family foster care,
- ◆ Shelter care,
- ◆ Group care, and
- ◆ Supervised apartment living settings.

Family safety, risk, and permanency services contractors will be expected to communicate with the placement setting in which children in the case are placed in order to coordinate responsibilities and case service planning.

Areas where the Department worker should ensure and direct the contractor to coordinate with the placement setting include, but are not limited to:

- ◆ Planning for participation by the child and the placement staff in family team meetings.
- ◆ Planning for a child's participation in family service sessions.
- ◆ Planning for children's attendance in court hearings.
- ◆ Planning and transportation arrangements for parent-child and sibling visits.
- ◆ Case crisis responses to situations that develop while the child is on a family visit.
- ◆ Collaborative planning around reunification activities and the timetable for returning the child home or moving toward another permanency option.

#### **Coordination With Recruitment and Retention Contractor**

The Department's resource family recruitment and retention contract is designed to provide a more coordinated and comprehensive system of recruiting, licensing, supporting, and retaining foster and adoptive families able provide for children in the child welfare system.

For children placed in foster or preadoptive care who are receiving family safety, risk, and permanency (FSRP) services, coordination and communication between the FSRP contractor and the recruitment and retention contractor is essential. Coordination ensures that each is aware of major case developments and the child's foster or adoptive family can receive any supports they need. Example:

The FSRP contractor is working intensively to reunify a child placed in foster care. The FSRP contractor observes that the foster family is having a difficult time supporting and adjusting to the increased parent-child visits.

The FSRP contractor communicates that observation to the recruitment and retention contractor so that the recruitment and retention contractor can work with the foster family on that issue to make this and future placements more successful.

Another area where coordination between contractors is necessary is working to support a finalized adoptive placement for a child. The recruitment and retention contractor will be working to support the child's foster family as they consider whether to pursue adoption of a child in their care. The FSRP contractor will be focusing on tasks such as:

- ◆ Helping children in the case understand the permanency goal of adoption and the reasons this is goal selected for their case,
- ◆ Helping the children deal with their feelings around the adoption process,
- ◆ Helping children and their pre-adoptive families deal with any emotional and behavioral issues,
- ◆ Working through any adoptive preplacement issues, and working on sibling connections issues.

Both contractors will also need to communicate and coordinate responses to crises involving children in foster families who are also receiving family safety, risk, and permanency services.

The contractors must communicate as a crisis is reported, so that the child's family receives crisis support from the family safety contractor and the foster family receives support from the recruitment and retention contractor to deal with their own needs, skills, and perceptions concerning the crisis. Both contractors will need to have the means to communicate on an after-hours basis when needed.

FSRP contractors will be involved and work with foster and adoptive parents on a variety of issues, including but not limited to:

- ◆ Monitoring and maintaining the safety of a child placed in foster care;
- ◆ Planning for parent-child and sibling visit, and visit supervision if needed;
- ◆ Responding to crisis situations involving the child;
- ◆ Providing family reunification activities and support;
- ◆ Performing concurrent planning activities;
- ◆ Providing child and family functioning interventions;
- ◆ Exploring permanency options for children placed in foster family care;
- ◆ Planning for adoptive placements for children.

Recruitment and retention contractors are the primary support to foster and preadoptive families. Support services can include, but are not limited to:

- ◆ Assisting with behavioral management issues,
- ◆ Crisis intervention,
- ◆ Locating respite,
- ◆ Advocating with schools, DHS, JCS, or service providers for a child's case or treatment need.

The support that the recruitment and retention contractor provides is not a replacement or duplication of family safety, risk and permanency services, remedial services, or other behavioral health services.

### **Monitoring Service Activities**

"Acceptable provision of services" means that the agreed-upon strategies, supports, services, and other intervention activities (including any safety plans) are being delivered in a timely and competent manner, consistent with the identified needs and preferences.

Timeliness of service delivery, appropriate to the urgency of need, is an important criterion of acceptability. To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce desired results for the child and family. Timeliness, competence, intensity, and consistency lead to dependability, consumer satisfaction, and positive results.

The implementation process should be dynamic and interactive, offering ongoing adaptation of service arrangements in response to frequent feedback received about changing situations, emerging needs, and results being achieved.

Maintain contact with the child and family, providers, and community resources to ensure quality, effectiveness, and appropriateness of the services and outcomes. Participate in team meetings (staffings, foster care reviews, and existing meetings) whenever possible.

Respect the family's strengths, cultural context, and preferences in arranging service provisions and selecting providers. Determine children's needs for assistance and how family-centered services can help the family learn to use family and community resources and promote self-sufficiency.

Undertake family-centered service delivery to implement a limited service response. While extensions may be authorized, try to limit their use whenever possible, to encourage delivery of services that quickly help families develop or regain self sufficiency and teach them how to access and use informal community supports.

### **Monitoring Service Effectiveness**

During service provision, evaluate the child's situation and response to services on an ongoing basis. Review case progress reports from service providers and your contacts with the family and providers to assess progress toward goal achievement. Use supervisory consultation to help evaluate the situation and service needs.

Monitor service delivery, review all reports, and work with provider staff to resolve any problems. Exchange information regularly with providers about the family's situation. Promote communication and coordination among the child's providers. Consult with your supervisor and contract monitor staff to help resolve problems with a provider agency that is adversely affecting results achievement.

Document that maintaining the safety of the child has been the primary consideration in service planning. Remember that your documentation may be assessed in the future within the court system to evaluate whether the state has met the reasonable efforts expectation.

Use the periodic team meetings to monitor and adjust service planning, and to get broad assessment information on family progress, perceptions of services, and further service needs.

### **Transferring a Case**

A child takes the residence of the parent's household, unless the court has assigned guardianship. When a child's family changes residence to a county served by another Department office, the case may need to be transferred to the other office. Decisions about acceptance of case transfers are guided by:

- ◆ The anticipated permanency of the family's move.
- ◆ Reunification planning for the family, including need for frequent parent-child visits.
- ◆ The best interests of the children.

A general standard is that the family will have been in their new location for at least six months before a request is made for transfer, but case-specific circumstances may indicate the need for an earlier transfer.

## **Evaluating Case Closure**

Link to [Policy](#)

Link to [Procedure](#)

Work toward safe case closure begins when the family is first assessed, through the process of setting measurable conditions or outcomes that must be achieved through the family change process. When the conditions for safe case closure are met, this event signals readiness for the family's independence from the child welfare service system.

Measurable conditions for safe case closure are specific outcomes that affect child safety and well-being. These conditions must be achieved in order for the family, the court, and service system practitioners to know and reasonably believe that the safety and well being of the children is both adequate and can be reasonably expected to continue without disruption following the completion of services.

Conditions for safe case closure include:

- ◆ Situational stability for safety in daily settings.
- ◆ Management of risks or threats to safety, including adequate care and protection of persons in the home.
- ◆ Expectations for sustained behavior change by parents or caregivers necessary for safety and adequate daily functioning, including relapse recovery and safety plans.
- ◆ Reliable supports and basic necessities for ongoing family functioning.
- ◆ Resolution of court-ordered requirements and legal issues related to permanency.
- ◆ Adequate supports for youth transitions to independent living.

A successful family change process requires that a family select, own, and support the desired outcomes of adequate family functioning and well being leading to independence as well as the strategies used to bring change about.

Outcomes to be addressed related to safety include:

- ◆ **Protective provisions** put into place to keep people in the home safe.
- ◆ **Behavioral patterns** to be acquired and then adequately, consistently demonstrated by the caregiver that are necessary to preserve or reunify a family and to maintain family stability and daily functioning.
- ◆ **Relapse prevention, advance care directives, and safety plans with response capacities** that are put in place and working reliably.
- ◆ **Sustainable family supports** (such as housing, health care, child care, after-school support, employment, adequate income) put into place to preserve and sustain the family following safe case closure.
- ◆ **Resolution of legal issues and court requirements** (such as court orders, probation, parole, guardianship, adoption) that must be achieved before family independence, safe case closure, and **permanency** can occur.
- ◆ **Measures and schedules** for determining progress, outcomes, and satisfaction of safe case closure requirements. These elements define for the family and for practitioners and providers "how we will know what's working and when we're done."

Effective practice requires that planning the change processes begin with the ends in mind. By setting clear, measurable outcomes and ending requirements the family and practitioners can understand and agree about what it will take to bring about desired changes. This long-term, guiding view enables both the family and practitioners to begin with the end in mind and to know when they are done.

Assessing and reviewing safety is required before the closure of a case. Safe case closure requires alleviating or mitigating conditions that resulted in the abuse of the child and underlying causes of foreseeable risk to the safety of the child.

When the family team considers case closure, they must consider and understand what specific changes must occur for the family to function successfully without external intervention or support. Safe case closure requirements define:

- ◆ Necessary behavioral patterns that must be consistently demonstrated by the caregiver to reunify the family and to conclude external supervision.
- ◆ Sustainable conditions and supports (e.g., housing, child care, health care, income, employment) that must be put into place in order to reunify the family and to conclude external supervision.

In applying conditions for case closure, it is understood that perfection is an unlikely standard for achieving family change. As a basic condition for case closure the family, the family team, the court and service system practitioners, should be assured of adequate child safety and well being and possess a reasonable expectation that these conditions will be sustained by the family following independence from the service system.





# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

June 29, 2007

## GENERAL LETTER NO. 17-D(2)-1

ISSUED BY: Bureau of Protective Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(2), **CASE MANAGEMENT PRACTICE GUIDANCE**, Title page, new; Contents (page 1), new; and pages 1 through 10, new.

### Summary

Portions of Employees' Manual Chapter 18-A, **CHILD WELFARE GENERAL REQUIREMENTS**, and Chapter 18-B, **FAMILY-CENTERED SERVICES**, have been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of a child welfare case pertinent to case management. The new case management chapters are:

- ◆ 17-D, **CASE MANAGEMENT POLICY**, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-D(1), **CASE MANAGEMENT PROCEDURES**, which tells what the Department service worker should do in the logical order of when and how to do the work.
- ◆ 17-D(2), **CASE MANAGEMENT PRACTICE GUIDANCE**, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-D(3), **ADDITIONAL CASE MANAGEMENT INFORMATION**, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other case management chapters, additional information on a topic, or a specific form or tool.

### Case Management Practice Guidance

Practice guidance is provided for case management procedures. Resources are offered to assist the worker in the determination of eligibility, in-home case management, and managing service delivery, including closing cases.

**Effective Date**

Upon receipt.

**Material Superseded**

None.

**Additional Information**

Refer questions about this general letter to your area service administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

August 24, 2007

## GENERAL LETTER NO. 17-D(2)-2

ISSUED BY: Bureau of Protective Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(2), **CASE MANAGEMENT PRACTICE GUIDANCE**, Title page, revised; Contents (page 1), revised; pages 1 through 10, revised; and pages 11 through 14, new.

### Summary

This chapter is revised to include guidance for the new family safety, risk, and permanency services.

### Effective Date

October 1, 2007

### Material Superseded

Remove the entire Chapter D(2) from Employees' Manual, Title 17, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	June 29, 2007
Contents (page 1)	June 29, 2007
1-10	June 29, 2007

### Additional Information

Refer questions about this general letter to your area service administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

June 20, 2008

## GENERAL LETTER NO. 17-D(2)-3

ISSUED BY: Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(2), ***CASE MANAGEMENT PRACTICE GUIDANCE***, page 4, revised.

### Summary

This letter reflects legislative changes to Iowa Code sections 232.102, "Transfer of legal custody of a child and placement," and 232.116, "Grounds for termination," as a result of Senate File 2212, enacted by the 2008 session of the Iowa General Assembly.

This Code change allows the court to consider a prior termination of parental rights that occurred in another state to a child in the same family as an aggravated circumstance to waive reasonable efforts, or as grounds to file termination of parental rights.

### Effective Date

July 1, 2008

### Material Superseded

Remove from Employees' Manual, Title 17, Chapter D(2), page 4, dated August 24, 2007, and destroy it.

### Additional Information

Refer questions about this general letter to your area social work administrator.



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

March 27, 2009

## GENERAL LETTER NO. 17-D(2)-4

ISSUED BY: Bureau of Child Welfare Services,  
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter D(2), **CASE MANAGEMENT PRACTICE GUIDANCE**, Contents (page 1), revised; and pages 5 through 10, revised.

### Summary

This chapter is revised to reflect:

- ◆ Deletion of the definitions of drug testing and family team meeting facilitation, as these are or will be incorporated in other parts of the manual.
- ◆ Change in references from "resource family contractor" to "recruitment and retention contractor" and definition of the support services delivered by the recruitment and retention contractor.

### Effective Date

Immediately.

### Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter D(2), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	August 24, 2007
5-10	August 24, 2007

### Additional Information

Refer questions about this general letter to your area social work administrator.